

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006932

1. Entity Name

COLLIER COUNTY LEGAL AID SOCIETY, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90054 050 ****61.25

Principal Place of Business
2681 AIRPORT PULLING ROAD
C101
NAPLES FL 34112
US

Mailing Address
2681 AIRPORT PULLING ROAD
C101
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0807648** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PILON, JAMES A
3301 TAMAMI TRAIL E., BLDG. L, 5TH FLOOR
NAPLES FL 34112

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURZYNSKI, JILL	
STREET ADDRESS	6617 MILL RUN CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIDDLE, MELINDA	
STREET ADDRESS	3841 31ST AVE. SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREIDER, CHRISTINE	
STREET ADDRESS	207 BAY PT.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GEHRKE, CHARLES	
STREET ADDRESS	27099 HOLLY LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kidon Catherine	
STREET ADDRESS	Treiser, Korbza & Lieberfarb	
CITY-ST-ZIP	4001 Tamiami Trail North #330 NAPLES, FL 34103	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greider, Christine	
STREET ADDRESS	State Attorney's Office	
CITY-ST-ZIP	3301 Tamiami Trail East NAPLES, FL 34112	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Janiece	
STREET ADDRESS	Berry Palm Tree	
CITY-ST-ZIP	2641 Airport Rd South #301 NAPLES, FL 34112	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gehrke, Charles	
STREET ADDRESS	Cummings & Lockwood	
CITY-ST-ZIP	24311 Walden Center Dr #201 Bonita Springs, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/00 941-947-8811
Date Daytime Phone #

CR2E037 (5/00)